

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/584946 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2	/	/	/	/	/	/	52						
3	/	/	/	/	/	/	53						
4	/	/	/	/	/	/	54						
5	/	/	/	/	/	/	55						
6	/	/	/	/	/	/	56						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		/		/								
TOTAL DEP.	20		8										
TOTAL CLAIMS	21		9										